

The Working Group to Reinvent Medicaid  
July 8, 2015 - 4:00pm – 6:00pm  
Meeting Minutes

- I. Welcome from the Chairs, Dr. Ira Wilson, and Mr. Dennis Keefe
  - a. Ira Wilson: Thank you and welcome to all to this final meeting. Many of you have been with us for some time, and we thank you for being with us on this journey.
  - b. Dennis Keefe: A big thank you to those of you for attending today and also to the administration, to the Governor, to the Secretary, to Matt Harvey and all the others who took all the comments, integrated the work, and have devised this report that we will discuss today. To our members who attended all the meetings, the optional morning meetings, often standing room only thank you for your engagement, for your assistance in developing this work. Also a big thank you to the Governor, who from day one has had a vision that is quite new. Having that vision that she has to reinvent Medicaid, and have truly seen the fruit of that. Beyond the phase II work, where do we go from here, how do we build on all that we have done thus far.
  - c. Secretary Roberts: Would like to really thank the Co-Chairs, our staff at EOHHS, who responded to all of you. To all of you, thank you for what you have done these past few months. I will say that we will not be strangers, unless you chose it that way, as this will be shared work going forward. This has been time consuming, but effective and I cannot say thank you enough. I know that Commissioner Hittner is here, Director Scott is here, many of our other engaged directors are unavailable today but have been very involved in this integrated process that will really take us forward in our publicly financed health care system.
- II. Governor Gina Raimondo Remarks: It is great that you are here today. Thank you to Dennis and Ira, truly our chairs, our working group members, everyone are amazing. I am so grateful to our chairs for leading this group, and all of you who agreed to serve on this group. Phase I, the legislature passed your recommendations almost in totality. We know we have to bring down costs, we know we want to get people in lower costs environment, pay for value not volume, save money. I gave you that guidance and here are our targets, and let you approach it. Because of your involvement the reform that the general assembly passed was thoughtful, and lead us to a more sustainable environment in RI. I am so interested to see what is going to be put forth in this Phase II report, as the work now falls to Secretary Roberts and her team, and mine to really implement this work. We need to keep working on better health outcomes, and the good work here gives me great hope for the overall health care work we can do in the time to come. You all took a bit of a

leap of faith in the engagement process, and any time you in earnest try to tackle a politically sensitive issue it is even more challenging, but you did it. People are starting to take notice, in other states. There are many things you need to keep moving forward - better coordinated care, make data driven decisions, parity, and community healthcare, not worry too much about the politics and the short term solutions, but set us down the path of healthier RI. Back over to Secretary Roberts, who has worked so incredibly hard and I am so impressed with her. A woman of principle, and someone that we can truly lean on you take to the job knowledge of the system but also a good heart. I am so lucky to have you in my cabinet. Anyway take it away, and thank you all.

III. Presentation on the Final Report, Secretary Elizabeth Roberts and Deidre Gifford, Medicaid Director

*Slides available upon request and on [reinventingmedicaid.ri.gov](http://reinventingmedicaid.ri.gov) website under events.*

IV. Discussion:

a. **Ira Wilson:** this is a working meeting still so this is the moment for members of the work group to ask questions, to express concerns to discuss the report thus far. This puts a series of lines in the sand, talks about principles, and I would be surprised if there were not questions, so this is our opportunity for that.

b. **Peter Andruszkiewicz:** What happens next, how are you thinking about it? This is good work, but still very directional, and the next phase will be even more so.

**Secretary Roberts:** We are already almost done with our implementation plans for the initiatives set forth in the budget. Some are fairly straightforward some are complex will be done with members of the community on an informal basis. The other piece is the DSRIP piece, which includes a months' long conversation with the federal government to kick it all off. Some of the things in the FY16 budget will fall in these categories and move this work along. At the same time the Governor is looking at how she takes this sort of issues forward, she is focused as a governor more on a financing Medicaid that she supports, but also looking now more broadly so that we do not create a silo of innovation. There needs to be a capacity inside government in order to develop outside.

**Deidre Gifford:** I think the ground work for a lot of these goals have been laid through ongoing conversations, through MCO works, etc. There is some momentum already begun; the goals in this report are very helpful in giving direction. In the report there are notes of community and stakeholder groups, such as SIM, etc. to talk about the metrics for setting these forward.

c. **Dale Klatzker:** You have mentioned that DSRIP requires federal approval, are there other things that do as well?

**Secretary Roberts:** Yes, the DSRIP is the biggest one included here.

Some of the things we need approval for in the 16 work are include here. There will be public engagement around the development of those proposals that do require federal authority.

- d. **Sen DiPalma:** A lot of great stuff in this report; on page 26 we talk about challenges and variables. Provider community, in regards to the economy and tourism we have a great plan, but we don't have execution yet. Here we have a great plan for the community, we need great success in the execution of that. Adding additional staff to meet these challenges will be critical, adding more FTEs at EOHHS for execution might be precisely what is called for. Thoughts about the challenges and barriers?

**Secretary Roberts:** I see a great opportunity in continuing to build relationships with providers, how we pay for things, how we regulate things, how we change that system together. Sometimes there are barriers in the say the Health department, we have some scope of practice issues we need the legislature to work on, many things to work together on. Things are changing fast in the private sector and we need to pick it up on the government side. Investment in infrastructure is a shared challenge for all of us, how do we take money out of one pocket and put it into another. As we talk about the acuity levels at which people are served, how many people are currently hospitalized for behavioral health issues, if we move people appropriately to a less intensive care setting where we reallocate the funds appropriately? We have now started to look very seriously around Medicaid and its structure, it's staffing, we have a lot of contractual resources and how they are deployed. What are our opportunities to work on this in terms of staff and appropriate workforce? At some point we may need to ask the legislature down the road for more FTEs but I wanted to work on our resources first to see what we can expand on.

- e. **Elizabeth Lange:** In a Medicaid sense, there are a lot of words that are not written in the pages on the expenses of children and family care. Children with special health care needs, children in the DCYF system, etc. I would love for the next generation of our care to focus on that population.
- f. **Dennis Keefe:** On Sen DiPalma's comment, often you hear the phrase oh this too will pass when talking about challenging issues. With healthcare, there are radical changes going on, and the train has left the station. It has become a very consumer driven environment. Medicaid is now teeing up accountable entities for long term care, similar ideas, we cannot wait, there is an urgency to do these things as the train has left that proverbial station. I think there will be an understanding of that, and I just wanted to comment that your point is a good one Senator.
- g. **Elizabeth Burke Bryant:** I wanted to follow up on Dr. Lange's point on CSHCN, as you think about the implementation part, many are

willing to wrestle with the important issues there, and the comments made were heard well. This is a work in progress and if we clearly care about having these things land well, and having that ongoing dialogue, mid-course corrections will be needed, touching base on how to move forward will be critical. DCYF is an issue which wasn't touched upon much in this work but a lot has been done with the legislature, within the administration at DCYF, lots going on that I wanted to flag as well.

- h. **Hugh Hall:** I think there is a lot to like in this document, but I think my concern as I attended the Townhall meetings, and the morning meetings etc. I know it is tough to keep it all in a report and keep it under 1000 pages, but I would have liked to see answers to the comments in the public, and also a lot of the discussions on behavioral health, a lot of the work that Deidre mentioned that is started now, the long term care work that was discussed at meetings, I would have loved to see more of in the report to put all these pieces together, though I understand cannot put it all in.

**Secretary Roberts:** We hear you, for sure. This group will not exist anymore, per the Executive Order, but we will continue pulling together the folks from some areas, for example the long term care work. We have a number of issues there tee-ed up, and I envision us reconvening some version of that group to deal with those issues that are just about ready. I want to be careful as we have some very complex pieces inside government we need to work with as we implement. Similarly the behavioral health group will be continuing to meet as well. There are subsets that have momentum already, some from prior work, some born of this work, but lots to keep doing.

- i. **Maureen Maigret:** Commend everyone for the work. Certainly a very ambitious discussion for the future. I do think there are some key issues: care management, coordinate what we are doing about care management, happy to see that include. The other item is the issue of how we are communicating with our primary care practitioners to really get them involved in the process. I know that there are others programs, like with PCMH, but how do we engage them further?

DG: The accountable entity is the place where that issues is addressed in the report. The focus, or the foundation, is really attributable to a group of primary care providers who have a population they are caring for and the rest of the community is built up around that (entity). The vision of the entity is that it has a foundation in primary care, building on the work there. The care managers, the community health workers, the rest of the support there really are a team, sprinkled in support services.

**Secretary Roberts:** I do see that there are gaps to try to close, gaps between behavioral health providers and PCPs, gaps between substance abuse and PCPs

**Maureen Maigret:** I was pleased to see the goal of reducing the

length of time for eligibility. In terms of transparency, do you have a particular plan for communicating progress in implementing this work to the public and all those who

**Secretary Roberts:** The easiest way to do that is to use the web, and also a way to update where we have been and what we will do. I want it to be more proactive, as much of that which we can make available to people. My guess is that now that we have your name we will keep your name in email, continue that outreach, and work on awareness and engagement in future.

- j. **Antonio Barajas:** Are there any programs more proactive, and set into motion, regarding opioid abuse?

**Director Alexander-Scott:** Yes, working on a statewide comprehensive program to combat the overdose issue, on all sides: prescriber, user, access, and rehabilitation. We are actively engaged across administration offices on this statewide initiative.

**Secretary Roberts:** One of the good things is on the government side in RI we have a good structure to really help with communication on these issues.

- k. **Ira Wilson:** The issue of how to communicate this to providers, not just to providers on our group, but providers across the state, engaged. Really everyone need to know about this work going forward. What is the right mechanism to push this out?

**Antonio Barajas:** I think it perhaps a symposium, some form of med society symposium

**Elizabeth Lange:** One of the gifts of RI is the small physician mom-and-pop shops; looking at accountable entities will need to be explained, and I think that will require more personal conversations. There will need to be education on the one on one level as well as access to a larger seminar.

**Director Alexander-Scott:** We do have a mechanism for communicating with providers throughout the state, and so that can be element that would help partner on that 'marketing plan'

- l. **Peter Andruszkiewicz:** The notion of the accountable entity is the right thing, but have you thought through what is the breadth? Institutional, professional, ancillary? Is the risk there, or is each unique?

**Deidre Gifford:** We have begun those conversations and intend to engage the community around that dialogue. We are working in a national program to see what other states are doing to see what is working and what isn't in different environments. In terms of breadth: the current vision is that EOHHS, in partnership with our MCOs would establish principles or guidelines around these accountable entities but try to strike a balance. That is a challenge, but the approach we are taking is to make that middle path between overly prescriptive and not. The RI approach is one we want to craft carefully, hence why no name yet.

- m. **Matt Trimble:** Along the lines of Goal 4, are there any expectations from the state on other MCOs entering in order for that to occur?  
**Deidre Gifford:** We have only had the one thus far, but it has an end date and then another opportunity for more to join.
- n. **Dennis Keefe:** There will be a lot of challenges going forward, but I support what is in this report. I want to touch upon expense – I don't think we are about eliminating jobs, but about transitioning resources, and retraining. I think that is where some of the DSRIP funds and other grants can come in, so that the bottom doesn't fall out on jobs.
- o. **John Simmons:** I want to commend everyone for the work here. The outcome are directional, and generally they are very good and we all can be supportive of. My concern, as we have heard already today, is about the execution. We hope there is some process mapping here, where we are going, and that that piece will be communicated well. How do we get it all done, while doing so many other things? The consequence of change itself, both the payment/delivery system, and the provider environment, is that we have to ensure we have a reliable healthcare system in the state to support it.
- p. **Ira Wilson:** Every dollar of savings is a dollar of revenue that some provider loses, and this is always a challenge. There is a recent article from Columbia who describes how health care is different in terms of cost structure from other industries. The costs of labor for that sector of people is no different. The reason that we have such high costs is that we need to include doctor and nurse salaries – not saying that is right or wrong, but a thoughtful point in the article.
- q. **Dennis Keefe:** Let the record show Dr. Wilson said that. We are committed to the future, but we need to carefully think about this transition in a way that it doesn't destabilize the system. I think we can navigate through the difficult waters.
- r. **Peter Andruszkiewicz:** The glide path is not elegant, the more we can get providers down the accountable entity road and the faster we can do it, the easier it'll be and more evident, as a glide path for providers.
- s. **Sam Salganik:** I wanted to also thank everyone here. As we talk about transition, there are 250K patients we need to think about, so let's also talk about the transition for patients, and hope we can all keep that in mind.  
**Ira Wilson:** To cap on that, what we should also say is appropriate reduction in ED visits, appropriate re-direction of services.  
**Sen DiPalma:** Myself and Sen. Col-Rumsey running a task force on DCYF, and to the point on the number of adolescents that we have in group homes was off from our estimates. We need to be sure that folks are in the right settings. Some group homes will go away, that is just fact, and how do we retrain those folks who work there  
**Dale Klatzker:** Important that we see this opportunity to do it well,

to be thoughtful and to also do it better. We can satisfy people and change things all at the same time.

- t. **Tom Kane:** Following up on Sen DiPalma's comments, but as relates to adults with developmental disabilities. Having the time to have this discussion will be welcome, but some people are going to struggle with the level of change mostly because of history, and I think this group has made a huge change from which has happened prior, this is the first done with, rather than 'done to' strategy. Bring people on board to make the changes, and get that conversation with the provider community. I have trouble visualizing some of these same changes when looking at the system for people with developmental disabilities, while yes a Medicaid program, we have worked hard for years that it is not a 'medical' program. How to maintain that it is about all needs. I look forward to these continued conversations with providers and the folks in this room around these items. We should take a look at some of the other stuff that has been happening in the disability field, such as what has happened with the living Rlt enters, such as our submission for that grant and much of the report mirrors work that we aimed for there. There may be lessons learned in each that can be helpful for the others.

**Ira Wilson:** These comments bring to bear a discussion from earlier, while we measure the quality of primary care, we don't do it so well for those in behavioral health care, and family care, and how do we be more efficient.

V. Public Comment:

- a. **Vinnie Ward,** Home care services of RI in Woonsocket: Everything I was listening too tonight, I was at those early public meetings, I saw fifty to a hundred people speak, and one of the discussions that I had at those, we are still dealing with the issue of no increase in our reimbursement. What changes do you see in the future that will help me be able to do that, since now I have to go back to my people and say that more money isn't going to CNAs? What change will happen that will let me pay more money to the CNAs that work for me, as we heard that many times? As we transition out of nursing homes into home care, we are going to need the workforce there, but the nursing homes can pay more than we can, want to see if there are some answers. Secondly, when you mention doctors and nurses, our home care pediatric nurses are paid at our below the bureau of labor statistics median pay for RNs for 2002, thus when you are saying nurses please don't lump them all together. But thank you very much, it was a good experience and an open one.

**Secretary Roberts:** As you know one of the governor's goals when looking at adding money beyond that was to try to add to home car rates, but that was not successful. We need to build on that capacity for home and community based services, and yes to pay folks appropriately across all forms of care. As we look at organizations,

CNAs then become a part of the accountable entity rather than fighting for the fee for service rate increase. That pressure around the fee for service rate will always be there, but really working on a system of care that rewards those who are increasing the value of the system, like our home care CNAs.

- b. **Mark Cooley, Nalari Health:** A couple of quick points, first congrats on the report. I did appreciate Dennis' comments on re-engineering the businesses models. There is technology now about health info tech but also about delivering care. Secondly, I was really pleased to see the progress on the DSRIP program, we are seeing great results with a similar program in NY. Then the third, I really did like the very broad definition of an accountable entity; the fact is going after high risk high use populations but pediatrics are different than folks with mental health issues are different from frail elders, and the broad definition is key. I think it is great work, excited to see what is happening.
- c. **Vinnie Ward:** If we only have one managed care entity in it right now, how does CMS approve that? When NHP is done with their contract, and we negotiate again and say there's only one again, how do we negotiate for reimbursement rates so we are not going backwards?  
**Deidre Gifford:** A couple of things: CMS is very interested in how we deal with issues of member protection and choice, provider in particular. As we embark on this one of the reasons why it has been a prolonged process has been how we will ensure adequate access and availability for our members. We in turn have a lot of responsibility as a state to measure, track and oversee access to services as well as member satisfaction to managed care and we take that very seriously. We have high rated managed care organizations, which staff for years have worked to ensure - we have a commitment to keep that up. In addition, I would also say that CMS has just published a large tome with a new set of rule around managed care, recognize that the majority of Medicaid is being distributed through managed care, and thus they are increasing the requirements on quality of care, managed care, do require them to maintain an adequate network, high member satisfaction to ensure access to serves they need.

## VI. Adjourn

- a. Dennis Keefe: When involved in public processes you often wonder if it's just window dressing, but happily I can say that this process could not have been farther from the truth. There has been a terrific process of engaging, listening, reshaping and working forward. I couldn't be happier with everyone around the table, with the leadership from the Governor with the product here. That's what really comes across to me - the commitment that has really shown through.
- b. Ira Wilson: Thank you to all.